Date

6/29/2018 7:40:28 PM

SO6299

PATENAUDE DANIEL

INCIDENT/OFFENSE REPORT Report Number MCSO-18-020037 IL0560000 MCHENRY COUNTY SHERIFF'S OFFICE **CAD Number** 2200 N SEMINARY AVE Occurred From Date 06/29/2018 Time: 02:26 PM WOODSTOCK IL 60098 Time: 02:26 PM Occurred To Date 06/29/2018 815-338-2144 3-020 Reported Date 06/29/2018 Time: 02:26 PM JUL 3 1 2018 CAD CODE Related Incidents School Nature of Complaint Incident THEFT ADMIN Location of Incident Offense Tract 3702 Northwest Hwy CRYSTAL LAKE IL 60014 AREA 2 Notification/Referrals: Miscellaneous Room Photos: Name Victim ET INV YO sw UCR Code ILCS Description F/M Counts THEFT UNAUTHORIZED CONTROL PERSON = OR < \$500 0825 OFFENSI Forcible Point of Entry Method of Entry Offense Location Structure Offense Status Premise Type 05 02 Bias Motivation Charge Statute Weapon Used School Incident Firearms Situation NONE 720-5.0/16-1-A-1 NONE Victim is Home Phone Cell Phone Victim Name ALGONQUIN TOWNSHIP Complainant Intimidation Address Email 3702 NORTHWEST HY CARY IL Eye Color Hair Color Hair Length Complexion Date Born To Age Height Weight Ethnicity DLN License DLN State Employer Employer Phone SSN VICTIM Additional SMT Nickname Relative Relative Phone Relative Address Injury Code Nature of Injuries Drug Alcohol Computer Victim to Offender Victim Challenged / Ac Victim Location Agg Assault Circum 1 Agg Assault Circum 2 Victim Type LEO Vehicle Offense 1 Offense 2 Offense 3 Offense 4 Offense 5 Offense 6 Offense 7 Offense 8 Offense 9 Offense 10 LEO Activity 0825 Offender/Suspect Name Cell Phone UNKNOWN Address Work Phone Email Hair Style Sex Race Date Born Age To Age Height Weight Eye Color Hair Color Hair Length u SSN Employer Phone Occupation DLN DLN State Employer Facial Hair Glasses Type Hand Dominance Complexion Ethnicity General Appearance SUSPECT UNKNOWN Miscellaneous Speech Teeth Build Demeanor Nickname/Streetname Relative Relative Address Relative Phone Additional Injury Code Nature of Injuries Iniured Suspect Forced Victim Suspect Action Suspect Solicited Victim Suspect Force Used SMTs Offense 1 Offense 2 Offense 3 Offense 4 Offense 5 Offense 6 Offense 7 Offense 8 Offense 9 Offense 10 Used: Drug Alcohol Computer 0825 Related To VIN Hull Number Type Owner Name Owner Address Make Model Color Year Style Status VEHICLE License Plate Plate State Plate Year Plate Expires Comments Rec Value Stored At Date Recovered Veh Recovered Initial Value Where Recovered Who Recovered Towed By Vehicle Condition Vehicle Damage Insured By Child / DV / School Contributing Domestic Violence Traffic Alcohol Crimes Against Children Gang Satanic Drug Hate Exceptional Clearance Code Date Internal Clearance Code Date CASE CLOSED 09 6/29/2018 2:26:00 PM Reporting Officer Name Date Investigating Officer Name 6/29/2018 4:07:51 PM HARPER THERESA SO6260 Approving Officer Name

Reviewing Officer Name

Date

	DRI # MCHENRY COUNTY SHE																	Page 2 of 5  REPORT #  MCSO-18-020037						
	Offender/Suspect Name EDGAR WATCH BLOG				Home Pt										<u> </u>									
	Address	VAICH BL		Work Phone										Email										
	Sex Race Date Bon		e Born	Age	To Age He		Heigh	ight Weigh		t Eye Color		Ha	Hair Color		н	air Length			Hair Style					
	U U SSN		DLN		<u> </u>		DLN State Empl		loyer		En	Employer Phone		,	Occupation									
<del> -</del>				Ethnicity	Fa			al Hair		General Appearance				Glasses Type			Hand Dominance			<del></del>				
SUSPECT	Miscellaneo	15		UNKNOW	Spe	ech			Teeth				uild				Demeand			INI	ckname/St	reet Name		
sns	Relative								Relative Address											丄	Relative Phone			
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	Additional								Injured	Injury Co	oue	INA	ure of I	njunes										
	Suspect Forced Victim Suspect Act			uspect Action	on Suspect Soli			Victim		Suspect Force Used		Used	s	SMTs										
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												Home Ph	one	one Cell Phone										
	Address								Work Phone							Email	ı							
	Sex	Sex Race Date Born		e Born	Age To Age			Height		Veight	E	ye Color		Ha	Hair Color		Н	air Leng	th		Hair Style	,		
	SSN DL		DLN			DLN	State	Emplo	yer				En	Employer Phone			Occi	pation		1				
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SUSPECT	Miscellaneous				Speech			-	Teeth	Build				Demeand			or	*********	Ni	ckname/St	eet Name			
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	Additional								Injured Injury Code Nature of Injurie				njuries	rries .										
	Suspect Forced Victim Suspect Action				Suspect Solicited Victin				Suspect Force Used SMTs						<u> </u>									
	Offense 1	Offense 2		Offense 3	Offen	se 4	Offense	e 5	Offen	se 6	Offer	nse 7	Offer	nse 8	Offe	nse 9	0	ffense 1	0 (	Jsed: [	Orug Alcoh	ol Compute		
	Offender/Su	spect Name		<u> </u>		!			<u> </u>		<u> </u>		<u> </u>			Т	Home Ph	one		Ce	    Phone	1 1 1		
	Address									Work Phone							Email							
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SUSPECT	Miscellaneous				Spe	ech	<u> </u>	Teet				Build		<del></del>			Demeanor			Nickname/Street Name		reet Name		
sns	Relative									Address								<u>L</u> _			Relative Phone			
	Additional						Injured	injury Co		INO	ure of l	niuriae					· · · · · · · · · · · · · · · · · · ·							
	Suspect Forced Victim Suspect Action Suspect Solicite									Suspect	Force	Used	s	MTs										

Offense 7

Offense 2

Offense 1

Reporting Officer Name HARPER THERESA Offense 3

Offense 4

SO6260

Offense 5

Date 6/29/2018 4:07:51 PM

Offense 6

Offense 9

Offense 8

Approving Officer Name
PATENAUDE DANIEL

Offense 10

SO6299

Used: Drug Alcohol Computer

Date 6/29/2018 7:40:28 PM

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IL056	0000						0.	THER		MCSO-18-020037								
	Involvement REPORT		٠	LUKASIK, KAREN E										Phone	Cell Phone			
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PERSONS	Sex Race Date Born F W		Date Born	Age 53		Age Height		Weight	Eye Color		or .	Hair Color	۲	lair Length	Complexion			
PEF	Ethnicity SSN				DLN Lice	icense			DLN State Employer				Employer Phone					
OTHER	Scars/Marks	/Tattoos						,	Nickr	name			P	Additional				
OT	Relative					Relative A	ddress	Relative Phone										
	Used: Injured? Injury Code Nature of Injuries										uries		· · · · · · · · · · · · · · · · · · ·					
	Involvement OTHER	Туре		Name PROVE	me ROVENZANO, RYAN							Home	e Phone	Cell Phone				
S	Address UNKNOV	VN										Emai	Email					
PERSONS	Sex M	Sex Race Date Born		Age	e To	Age	Height	Weight	l	Eye Cold	or	Hair Color	<u> </u>	Hair Length	Complexion			
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OTHER	Scars/Marks/Tattoos Nickname											7	Additional					
5	Relative Relative Address													Relative Phone				
	Used: Injured? Injury Code Nature of Injuries																	
	Involvement Type											Hom	e Phone	Cell Phone				
2	Address Email													il				
SON	Sex Race Date Born			Ag	e To	To Age Height		Weigh	t	Eye Col	or	Hair Color	Hair Length		Complexion			
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S	Address 3702 NO	RTHWES	T HWY CAR	Y IL									Ema	il				
OTHER PERSONS	Sex Race Date Born M U					To Age Height		Weigh	t	Eye Col	or Hair Color		Hair Length		Complexion			
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ER	Scars/Mark	s/Tattoos					Nickname						HGHWAY Additional					
15	Relative		Relative	Address							Relative Phone	elative Phone						

Nature of Injuries

Approving Officer Name PATENAUDE DANIEL

Injury Code

Date 6/29/2018 4:07:51 PM

Computer

SO6260

Drug

Reporting Officer Name HARPER THERESA

SO6299

Date

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ORI		ENRY CO	SHER	· · · · · · · · · · · · · · · · · · ·	REPORT #												
IL056	0000		PROPERTY/VEHICL							OLL/DIGO					O-18-020037		
PROPERTY	Related To LEADS Number VICTIM , ALGONQUIN TOWNSHIP													Date Ent	ered		
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<b>~</b>	Related To						LEADS Number							Date Ent	ered		
PROPERTY	Description											Quant	ity	Value			
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Ď.	Class			Ty	ype					Status			UCR Code				
¥	Related To						LEAD	S Numbe				Date Enter			ered		
ER	Description		Qua							Quant	ity	Value					
PROPERTY	Maķe	Model		Color		-		Serial Numbe									
ā	Class		Ty	ype					St	atus			UCR Code				
	Related To				VIN			-	Hul			ill Number					
	Owner Name		Address	SS							Owner Phone						
m	Make	el			Color		Ye		Style				Status				
VEHICLE	License Plate	Plate Year Plate E			e Expires	cpires Comments											
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Ŋ		eh Recovered	Initial Value R			Rec Value					Stored At			• .			
	Where Recovered		Who Recove				Towed By										
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JG DRUG	Code	Description			QTY			Measure		Est Value				Status			
	Activity Buying	Distributing		Exploitin	g Children		Oper	ating	Poss	essing	Transporting		Using				
	Code	Description			QTY			Measure		E	Est Value			Status			
DRUG	Activity Buying	Cultivating	Distributing Exploiting			g Children	Children Opera			ating Possessing			orting	Using Status			
ne	Code					QTY				Measure I			Est Value				
DRUG	Activity Buying	Distributing Exploiting Children					Operating Possessing Train				Transpo						
	Reporting Officer Name HARPER THERESA	SO626	Da 60 6/		18 4:0	7:51 PM		Approving Officer Name PATENAUDE DANIEL SO				SO629	9	Date 6/29/2	2018 7:4	0:28 PM	1

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SO6299

ORI #	MCHENRY CO	OUNTY SHERIFF'S OFFICE	TIVE	REPORT # MCSO-18-020037						
ORIGINAL	l	NARRA	IIVE							
On Friday, June 29th at 1426 hours, I (Dep.Harper) was dispatched to 3702 Northwest Hwy., Algonquin Township for stolen records.										
Upon arrival, I spoke with Karen Lukasik. In summary Karen stated, somehow Edgar County Watch Blog has obtained records from the Algonquin Township. They have been blogging and posting the records on their blog site. The records missing are:										
The records missing are:				video's.						
Lukasik advised it is unknow document the incident. Luk	_	-								
I advised Lukasik the incide the first report of missing rea	nt will be do	ocumented and forwa	rded to the States Attorney's	Office. This incident is not						
and making port of imposing to	30100 2110 1	aneady being invest	gated by the states memor	0 0111001 1 01001 0 01						
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Exceptional Clearance Code		Date	Internal Clearance Code	Date						
Reporting Officer Name		Date	CASE CLOSED 09 Investigating Officer Name	6/29/2018 2:26:00 PM						
HARPER THERESA	SO6260	6/29/2018 4:07:51 PM								

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Approving Officer Name PATENAUDE DANIEL